

- Joliet Location:
254 Republic Ave
Joliet, IL 60435
P: 815-730-3344 F: 815-730-3888
- New Lenox Location:
672 Cedar Crossings Dr., Suite 3
New Lenox, IL 60451
P: 815-390-7500 F: 815-390-7501



www.futurediagnosticgroup.com

Laboratory Test Form

Exam Date: _____
 Patient Name: _____ Exam Time: _____
 Age: _____ Date of Birth: _____ Patient Phone: _____ SS# _____
 Referring Physician: _____ Referring Physician Phone: _____
 Referring Physician Signature: _____ Referring Physician Fax: _____
 Symptoms/Diagnosis: _____
 Allergies: _____

Please bring all insurance information with you.

ORGAN/DISEASE PANELS:

- | | |
|--|---|
| <input type="checkbox"/> ELECTROLYTE PANEL | <input type="checkbox"/> HEPATIC FUNCTION PANEL |
| <input type="checkbox"/> BASIC METABOLIC PANEL | <input type="checkbox"/> CMP |
| <input type="checkbox"/> METABOLIC PANEL | <input type="checkbox"/> LIPID PANEL |

HEMATOLOGY:

- CBC w/ DIFF (H/H, RBC, Indices, WBC, PLT, DIFF)
- PT with INR
- PTT, ACTIVATED

OTHER TESTS:

- | | |
|--|---|
| <input type="checkbox"/> ANA w/ REFLEX TITER | <input type="checkbox"/> SED RATE BY MOD WEST |
| <input type="checkbox"/> C-REACTIVE PROTEIN | <input type="checkbox"/> TSH |
| <input type="checkbox"/> CA 125 | <input type="checkbox"/> T-3 TOTAL |
| <input type="checkbox"/> CREATININE (Cr) | <input type="checkbox"/> T-4 (THYROXINE) TOTAL |
| <input type="checkbox"/> FSH | <input type="checkbox"/> FREE T-3 34429 |
| <input type="checkbox"/> GLUCOSE, SERUM | <input type="checkbox"/> T-4 (THYROXINE), FREE |
| <input type="checkbox"/> HCG, SERUM, QUANT | <input type="checkbox"/> UA- complete (dipstick & micropic) |
| <input type="checkbox"/> HEMOGLOBIN A1C | <input type="checkbox"/> UREA NITROGEN (BUN) |
| <input type="checkbox"/> LH | <input type="checkbox"/> VITAMIN B12 |
| <input type="checkbox"/> RHEMATOID FACTOR | |

- | | |
|-----------------------------------|------------------------------|
| <input type="checkbox"/> CBC | <input type="checkbox"/> IgM |
| <input type="checkbox"/> CMC | <input type="checkbox"/> IgA |
| <input type="checkbox"/> CEA | <input type="checkbox"/> IgG |
| <input type="checkbox"/> CA 15.3 | |
| <input type="checkbox"/> CA 27.29 | |
| <input type="checkbox"/> CA 125 | |

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Please send all previous exams and reports to our office prior to the schedule exam.

We are referring you to Future Diagnostic Group (FDG), LLC imaging facility to have your ordered scan(s) performed. Please note that we have an indirect financial relationship with this facility. You are under no obligation to have your testing performed at this facility.